

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36711

DEC 22 1941

State File No.

8941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis, Missouri.
(c) Name of hospital or institution..... City Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... John M. Clarke.

3. (b) If veteran, name war..... 3. (c) Social Security No. None.

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Lita Clarke 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 7th, 1931
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Barrow England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business

MOTHER FATHER { 12. Name Samuel Clarke
13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown England 11
(City, town, or county) (State or foreign country)

16. (a) Informant William S. Clarke
(b) Address 3837 Castleman Ave.

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 2223 Cherokee Street.

19. (a) NOV 12 1941 (b) J. F. Buehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 825 North Kingshighway Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th,
year 1941. hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion
Coronary Sclerosis
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 11/14/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Juddie A. Fiegenheim

Licensed Embalmer No. *2270*

P. O. Address *2629 6th Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.